

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014188

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

432

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 23 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

58 years

c. FULL NAME OF (If NOT in hospital, give location)

J.O.A. St. Josephs Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2842 Angelique

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

CORA

Middle

ALICE

Last

BENJAMIN

4. DATE OF DEATH

Month

Day

Year

April 13, 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/16/1885

9. AGE (last birthday)

76

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housework

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Effingham, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Emery Benjamin

13b. MOTHER'S MAIDEN NAME

Alice Witham

14. NAME OF HUSBAND OR WIFE

St. Joseph, Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Miss Abbie Benjamin, 2842 Angelique

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

508 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension

6 Months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October - 1961 to Apr 13 - 62 and last saw her alive on Apr 13 - 1962

Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Norman W. Leary MD

22b. ADDRESS

620 Kansas St. Joseph, Mo

22c. DATE SIGNED

4-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4/16/1962

23c. NAME OF CEMETERY OR CREMATORY

Ashland Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hester Bowman St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

April 20, 1962

26. REGISTRAR'S SIGNATURE

Mr. Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Dr. Craig M. D.

VS 300
Rev. 4/59

1 5117
2 5117
3
4 1
5 0
6
7 1
8 2
9 420.1
10
11
12 92-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 10th, St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.